



APPLICATION FOR SCHOOL LICENSE
GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS
237 Coliseum Drive • Macon, Georgia 31217
Phone: (404) 424-9966 • Fax: (866) 888-1176
www.sos.ga.gov/plb/cosmetology

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology/Hair Design/Nail Technology/Esthetics/Master Barber/Barber II in the State of Georgia.

Please visit our website for a tutorial video: https://sos.ga.gov/index.php/licensing/plb/16/application_tutorials

****IMOPRTANT****

The Board cannot process incomplete applications. Any item that is missing, incomplete or incorrect, will delay processing of your application and cannot be reviewed by the Board. Please review your application before submitting to ensure all information and documentation is complete and correct. Incomplete applications are withdrawn after sixty (60) days. Once an application is withdrawn, you will need to submit a new application with all appropriate fees and documents.

APPLICATION CHECKLIST

- ☐ **NON-REFUNDABLE FEE: \$300.00** Payment must be made by check or money order payable to the Georgia State Board of Cosmetology and Barbers. **DO NOT SEND CASH OR COUNTER CHECKS.** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
- ☐ **ANSWER ALL QUESTIONS:** All questions must be answered. Applicants who must answer "Yes" to the arrest/conviction question must submit a certified copy of the final court disposition with a letter of explanation, as well as a letter from probation/parole officer with a current status of probation or stating the case has been closed. Applicants who answer "Yes" to the sanction/disciplinary questions must provide a certified copy of the agency order showing the action taken by the other state licensing board. **Approval of licensure is at the Board's discretion.**
- ☐ **REQUIRED DOCUMENTATION:** The application must be returned to the Georgia State Board of Cosmetology and Barbers accompanied by the following documents:
 - A professional blueprint of the floor plan of the proposed premises drawn to the approximate scale, showing the arrangement of the classrooms, locker space, separate restroom facilities for male and female students, approximate placing of equipment, the entrances and exits, ventilation and lighting, and adequacy of floor space;
 - A list of various items of equipment to be used;
 - A list of items in the school's library;
 - Copies of each instructor's license and notarized letters from each instructor of their intentions to work at the school;
 - Notarized letter identifying the supervising instructor or instructors;

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- ❑ **SECURE AND VERIFIABLE DOCUMENT (SVD):** The owner(s) must enclosed a copy of their Driver's License, Passport, or other document OR a copy of their current immigration document(s) which includes either their Alien number or I-94 number and SEVIS number if needed. Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 issued August 1, 2011 by the Office of the Attorney General, Georgia:

The list of secure and verifiable documents, published under the authority of The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") on the Department of Law's website pursuant to O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

- ❑ **NOTARIZED APPLICATION & AFFIDAVIT:** The complete application must be mailed to the Board's office at the address listed above, along with your **FEE**. **Each owner must sign a separate affidavit in the presence of a notary.**
- ❑ **BOARD REVIEW:** Upon receipt and review of a completed application, an appointment will be scheduled for the Board to meet the applicant(s). The Board will review the submitted blueprints, and conduct an interview with the applicant(s) concerning issues of ownership and licensure for school certification in the State of Georgia.
- ❑ **REQUIRED INSPECTION:** All school applicants must pass inspection as part of the application process and before the school will be issued a license to operate. Incomplete applications will expire after one (1) year.
- ❑ **PROCESSING TIME:** Please allow at least 15 business days (does not include weekends or holidays) for processing of applications. If a deficiency letter is received, please allow 15 business days for processing after submission of your deficiency items.
- ❑ **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE:** **DO NOT STAPLE** pages or check/money order. Do not fold pages of the application. Make check/money order payable to Georgia State Board of Cosmetology and Barbers submit to 237 Coliseum Drive, Macon, GA 31217. We recommend using US Mail or private courier (UPS, FedEx, etc.) with tracking. Keep a copy of your application for your records.

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GEORGIA STATE BOARD *of*
COSMETOLOGY AND BARBERS

237 Coliseum Drive • Macon, GA 31217
Phone (404) 424-9966

Date Entered _____
Receipt # _____
Submitted \$ _____

APPLICATION FOR SCHOOL LICENSE

(Application fee \$300.00 Non-Refundable & Non-Transferrable)

www.sos.ga.gov/plb/cosmetology

Please review your application before submitting to ensure all information and documentation is complete and correct. Incomplete applications are withdrawn after sixty (60) days. Once an application is withdrawn, you will need to submit a new application with all appropriate fees and documents.

Reason For Application (Check Only One Box):

- ☐ School of Cosmetology ☐ School of Esthetics ☐ School of Nail Care
☐ School of Barbering ☐ School of Hair Design

School Name (to appear on license):

Federal Employee Identification Number or Salon/Shop Owner's Social Security Number:

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 AND O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 101.

MAILING ADDRESS: The address where the Owner will receive mail from the Board:

P.O. Box OR Number and Street Apt. No. City/State Zip Code

STREET ADDRESS WHERE THE SCHOOL IS LOCATED – This address is assigned to your license:

Number and Street (No PO Box) Apt. No. City/State Zip Code

TELEPHONE:

School Telephone Number Cell Telephone Number Evening Telephone Number

EMAIL:

Please Print Clearly Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any email address change. Your email address will not be shared with any third party.

☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

OWNER INFORMATION PAGE

List each owner of the school - Attach additional pages if necessary.

*If the owner is a corporation – list all officers of the corporation including the registered agent, chief operations officer, secretary, and treasurer with addresses, telephone numbers, and email addresses. Attach verification showing the corporation is registered.

Name (PLEASE PRINT): _____
First Middle Last

Owner Signature: _____

Physical Address: _____
Number and Street City/State Zip

Mailing Address: _____
Number and Street (PO Box) Apt. No. City/State Zip

E-mail Address _____ Contact Number _____

Do you currently own another school? ☐ Yes ☐ No If yes, list the school name and license number?

Have you ever owned or operated a school in Georgia? ☐ Yes ☐ No If yes, list the school name, license number, address, and date of operation: _____

Do you hold a Master Barber, Master Cosmetologist, Barber II, Esthetician, Nail Technician, or Hair Designer license?
☐ Yes ☐ No License Number: _____

Name (PLEASE PRINT): _____
First Middle Last

Owner Signature: _____

Physical Address: _____
Number and Street City/State Zip

Mailing Address: _____
Number and Street (PO Box) Apt. No. City/State Zip

E- mail Address: _____ Contact Number _____

Do you currently own another school? ☐ Yes ☐ No If yes, list the school name and license number?

Have you ever owned or operated a school in Georgia? ☐ Yes ☐ No If yes, list the school name, license number, address, and date of operation: _____

Do you hold a Master Barber, Master Cosmetologist, Barber II, Esthetician, Nail technician, or Hair Designer license?
☐ Yes ☐ No License number: _____

ALL QUESTIONS MUST BE ANSWERED

1. Have the owner(s) ever been arrested, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? DUI and DWI are not minor traffic violations. ☐ Yes ☐ No

If you answered "Yes" to the question regarding arrest/court convictions, you must submit the following to the Board:

- (a) Submit a letter of explanation and **certified** copy of final court disposition from the county(s) in which you were arrested/convicted. The court document should include the charges and sentencing information.
- (b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed submit **certified** documents from the courts verifying case closed and completion of probation / parole.

Your application will not be processed until this information is received and reviewed by the Board.

2. Have the owner(s) ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Georgia or any other state? ☐ Yes ☐ No

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a **certified** copy of the action taken against your license with relevant supporting documents to the Board's office.

Your application will not be processed until this information is received and reviewed by the Board.

NOTE: Georgia State Board of Cosmetology and Barbers laws, rules and policies may be found on our website at www.sos.ga.gov/cosmetology. School licensure requirements and other information may also be found on this website.



Georgia State Board of Cosmetology and Barbers

237 Coliseum Drive
Macon, Georgia 31217
Phone (404) 424-9966 www.sos.ga.gov

Student Education Compliance Form

Name of School: _____

Physical Address: _____

Number and Street (No PO Box)

City

State

Zip

The above-named school certifies it will only accept students who are at least 17 years of age with proof of a high school diploma or general educational development (GED) diploma or students who are beyond the age of compulsory school attendance in the State of Georgia. The form is not required as a condition of licensure. However, a school must submit the form to receive an indication on its license that the school is authorized to offer postsecondary cosmetology instruction. The completed form may be shared with the U.S. Department of Education according to Board Policy.

Owner Signature

Date

NOTARIZED SIGNATURE BY SCHOOL OWNER

OWNER AFFIDAVIT

(Each Owner Must Submit a Separate Affidavit)

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate (Check or initial beside #1 or #2 below):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**
- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or I-94 and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20____

NOTARY PUBLIC SIGNATURE

My Commission Expires:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL

Final Inspection School Checklist

All Schools:

- ☐ Exterior sign indicating the type of school *(Rule 240-4-.02)*
- ☐ Sign stating "Service by Students Only" *(Rule 240-4-.02)*
- ☐ Sign prohibiting pets, with the exception of guide and service dogs for qualifying clients *(Rule 240-4-.03)*
- ☐ Health, safety, and sanitation Rules and Regulations posted (Board Rules) *(Rule 240-4-.02)*
- ☐ Required signage (available from Board's website) including the wording from 240-4-.02(6) *(Rule 240-4-.02)*
- ☐ Secured storage for school and student records *(Rule 240-14-.01 & 240-15-.01)*
- ☐ Adequate ventilation and proper lighting *(Rule 240-13-.01)*
- ☐ Separate restrooms for male and female students and hot and cold running water *(Rule 240-13-.01)*
- ☐ Adequate locker space for each student *(Rule 240-14-.01 and Rule 240-15-.01)*
- ☐ Sufficient chalkboards, whiteboards, dry-erase boards, and audio visual aids *(Rule 240-14-.01 and Rule 240-15-.01)*
- ☐ All Instructor licenses posted *(Rule 240-13-.01)*
- ☐ Fifteen (15) bona fide students. Either: (1) signed notarized applications or (2) signed notarized letters of intent *(O.C.G.A. § 43-10-12)*
- ☐ One (1) mannequin per student, one (1) additional mannequin for each additional five (5) students *(Rule 240-14-.01 and Rule 240-15-.01)*
- ☐ Appropriate disinfection container large enough for complete immersion of implements *(Rule 240-4-.04)*
- ☐ Closed container for clean linens *(Rule 240-14-.01 and Rule 240-15-.01)*
- ☐ Seven (7) hair dryers, one (1) additional dryer for each five (5) additional students *(Rule 240-14-.01 and 240-15-.01)*
- ☐ Workstation with mirror for each individual student *(Rule 240-14-.01 and Rule 240-15-.01)*
- ☐ Wax, creams, lotions, and other cosmetics for use on clients must be kept in sanitary closed containers *(Rule 240-4-.05)*
- ☐ Separate closed container for bloody towels, labeled accordingly with biohazard label or "contaminated linen" *(Rule 240-4-.05)*
- ☐ Garbage containers must be covered and washable *(Rule 240-4-.03)*
- ☐ Covered container for soiled, dirty tools and implements labeled as "Dirty Implements" *(Rule 240-4-.05)*
- ☐ Covered container for soiled, dirty linens *(Rule 240-4-.05)*

Cosmetology Schools:

- ☐ One (1) fixed plumbing whirlpool pedicure spa, three (3) footbaths and current and disinfecting log *(Rule 240-15-.01)*
- ☐ Paraffin wax machine and paraffin wax *(Rule 240-15-.01)*
- ☐ Four (4) Manicurist tables with two (2) chairs for each table *(Rule 240-15-.01)*
- ☐ Four (4) shampoo basins, one (1) additional basin for each additional fifteen (15) students or fraction thereof *(Rule 240-15-.01)*
- ☐ Three (3) facial chairs or cushioned massage tables *(Rule 240-15-.01)*

Barber Schools:

- ☐ First Aid Kit *(Rule 240-14-.01)*
- ☐ Ten (10) towels per student *(Rule 240-14-.01)*
- ☐ One (1) dry sterilizer per four (4) stations *(Rule 240-14-.01)*

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School Library Requirements

Barber School Library:

- ☐ Medical Dictionary
- ☐ First Aid
- ☐ Personality and Charm
- ☐ Business Management
- ☐ Book of Esthetics
- ☐ Theory and Practices of Barbering
- ☐ Primary Art and Sketching
- ☐ Basic Nutrition and Hormones

Cosmetology School Library:

- ☐ Medical Dictionary
- ☐ First Aid
- ☐ Personality and Charm
- ☐ Book of Cosmetic Chemistry
- ☐ Business Management
- ☐ Book of Esthetics
- ☐ Book of Nail Care
- ☐ Theory and Practices of Beauty Culture
- ☐ Primary Art and Sketching
- ☐ Basic Nutrition and Hormones

* This checklist is for reference only and is not all-inclusive. Checklist MUST be completed before calling and scheduling the final inspection. Please refer to Board Rules 240-4, 240-13, 240-14, and 240-15 for all requirements for Cosmetology and Barber schools.

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